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PTO/SB/31 (02-01)

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) BP0002-US
<b>Fax CERTIFICATION</b> Date of Deposit: <u>9/20/2005</u> I hereby certify that this correspondence is being facsimile deposited (Fax No. 571-273-8300) on the date indicated above and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Signature: <u>Brian D. Gildea</u> Print Name: <u>Brian D. Gildea</u>		In re Application of <b>Coull et al.</b> Application Number <b>09/996,658</b> Filed <b>11/29/2001</b> For <b>METHODS AND COMPOSITIONS FOR SORTING AND/OR DETERMINING ORGANISMS</b> Group Art Unit <b>1634</b> Examiner <b>Bradley L. Sisson</b>
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the decision of the examiner, dated 04/20/05, rejecting the following claims: <u>1-50</u> . The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u> . <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>01-2213</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____ <div style="display: flex; justify-content: space-between;"> <div> <u>9/20/05</u> Date         </div> <div> <u>Brian D. Gildea</u> (Signature)  <u>Brian D. Gildea</u> (Typed or printed name)         </div> <div> <u>39,995</u> (Reg. No.)         </div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.* <input type="checkbox"/> * Total of _____ forms are submitted.		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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